If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

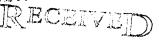


Request for Suspension

Request for Reinstatement



Other:



File the original with:	Mail or fax a c
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100	S.C, Office of Regulato Transportation Depa 1401 Main Street, Su Columbia, S.C. 0 5 78 (803) 73 FAX (803) 73
FAX (803) 896-5199	737-0815
DATE: 10.27-09	
Please consider this an application for Reinstatement of  Taxi Certificate Number 60 1344	RECEIVED  0CT 3 0-2009
Charter Certificate Number	_
Charter Bus Certificate Number	_ T,T,Q,TS,
Non-Emergency Certificate Number	
My certificate was revoked/cancelled on  fo report  (DATE)	because \( \frac{\frac{1}{2}}{2} \)
•	
I am seeking reinstatement because was all	of paper book
not fele. He can has ben i the	hope is how looks
Collat sport 400 sesson it but able flesse relastate me.	0
Sherre Epps DBA_	Sherye Epp 5
(Name of Company) applicable)	(if
2012 Hermore WAY Horence 5.C 2950 S	_

(Street Address)

from Street Address)

(Mailing Address if different

843-206-3800

(Title)

(Telephone Number)

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## STATE OF SOUTH CAROLINA PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA AND OFFICE OF REGULATORY STAFF TRANSPORTATION CARRIERS ANNUAL REPORT

SUNSHINE SHOES

(For Class C - Taxi, Charter, & Non-Emergency)
FOR YEAR ENDING DECEMBER 31, 2008 OR FISCAL YEAR ENDING

	<del></del>	<del>,</del>	
CARRIER NAME	herre Ex	ops	
	2012 He	emore leay	
3 1 AUCE 1 2000 2000		S. C 295	705
CITY, STATE, ZXP CODE			
MAILING ADDRESS	Same		
CITY, STATE, ZIP CODE	Sain	<u> </u>	
TELEPHONE NUMBER (AR	(EA CODE) 843	-206 380 U	
FEDERAL IDENTIFICATION			RECEIVE
PEDERAL IDENTIFICATION			
			OCT 3 0 2009
Operating Revenues:		•	OBS
			T, T, Q, T, \$\)
1. Total Revenues \$		•	. <del>-</del>
Operating Expenses:			
2. Salaries and Wages S	5 (Mone	ey paid to employees)	
D	( vehicl	es, office)	•
3. Rent S	( , , , , , , , , , , , , , , , , , , ,		
4. Other \$_	(expenses that are no	ot included in the other categories)	·
	ひ		•
5. Total Expenses S	•	•••	•
6. Net Operating Income ()	Loss)\$_	e #1 minus line #5)	
7. Insurance Co. Name/Po No. of Vehicles Insured:	licy No. PTA	,047727616	and Insureme
8. Decal Fees Paid YES (	No ( ) No. of Vehic int Year)	les_38	

## **Affidavit**

SUNSHINE SHOES

itate of		reter	Caroli Stale	uas			
		She	red .	Ess	)		of the
			- 0			_ Company	
upervision	that I ha	ve exami	ined it, and	that the it	s prepared l ems herein	reported o	n the basis
f my knowl	edge are	correctly 200	y shown.		Signatur <del>e</del> Date		
f my knowl	edge are	correctly	y shown.		Signature		
f my knowl	edge are	Correctly 200	y shown.		Signature		